Entity: Board of Examiners o	f Psychologists	Page: ID#: Section: Report Year:	1 3305 A 2009
Contact Person: Title:	Ouida M. Nugent Accountant	Ouis	da M. Nugen 1/16/2009
Mailing Address:	8280 YMCA Plaza Baton Rouge, Loui		
Phone Number:	(225) 752-3425 F	ax Number: (225) 763-3968
Email Address:	lsbep@earthlink.r	net	
Website Address:	www.lsbep.org		
Legal Authority:	R.S. 37:2353		
Year Created:	1964		
Organizational Placement Under	Title 36 of Louisiana Rev	rised Statutes:	
Department of Health and H	ospitals		
The Entitiy is:			
X ActiveInactiveNot fully organizedDisbanded			

BC-0

Form #:

The Board is responsible for licensure and regulation of psychologists within the state.

Budget Message:

Purpose/Function:

BC Data Collection Form

Most of the 2008-2009 fees have been collected, and actual receipts and disbursements are within the previously budgeted range. The Board plans to continue operations with two employees. It will remain active in providing information and aid to state licensed psychologists and conducting itself as a liaison with state and national psychological associations.

BC Data Collection Form	Form #: Page:	BC-0 2
Entity: Board of Examiners of Psychologists	ID#: Section: Report Year:	3305 A
Number of Entity Members: Number Authorized 5 Number Currently Serving 5 Number of Entity Meetings: Actual number in prior year 10 Estimated number in current year 14	•	
Do members receive per diem, salaries, and/or travel expense reim X Yes No Excluding member per diem, salaries, and travel expense reimburs the entity receive or expend funds? X Yes No		
Entity Fiscal Year End: 6/30		
Entity Member Per Diem: Amount authorized \$75.00 per day spent on board business Total entity member per diem: Prior year actual \$3,450 Current year budgeted \$5,100		
Entity Member Salaries: Total entity member salaries: Prior year actual \$ X None Current year budgeted \$ X None		
Entity Member Travel Expense Reimbursements: Total entity member travel expense reimbursements: Prior year actual \$ 7,856 Current year budgeted \$16,000		
Number and Type of Authorized Employee Postions: Classified 0 Unclassified 2 Part Time 0		
Participation in State Employee Benefit Programs: Employees: participate in state retirement system and/or state	group insuranc	e program.

Members: do not participate in state benefit programs.

TOTAL MEANS OF FINANCING	Federal Funds	Interim Emergency Board	Other Means of Financing (Interest)	Statutory Dedications:	9)	8)	7)	6)	5) Other	Sale of Goods and Services	Enforcement Actions	2) Examinations	1) Licenses	Fees & Self-Generated Revenues	Interagency Transfers	STATE GENERAL FUND BY:	STATE GENERAL FUND (Direct)	Means of Financing			
217881			3006						3385			20000	191490						Actual	Prior Year	7/1/07-6/30/08
228000			1100						3710			20250	202940						Budgeted*	Current Year	7/1/08-6/30-09
231000			1100						3710			20250	205940						Budgeted	Projected Year	7/1/09-6/30/10
3000			0						0			0	3000						Current Year	Over or Under	7/1/07-6/30/08 7/1/08-6/30-09 7/1/09-6/30/10 Projected Year

NOTES: Indicate your board/commission's fiscal year here: July 1--June 30
* Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

SUMMARY STATEMENT OF ACTUAL AND BUDGETED EXPENDITURES/EXPENSES FOR YEARS SI BC-2

-184008	-196008	-208008	Unreserved Fund Balance/Unrestricted
		strictions	Reservations of Fund Balance/Asset Restrictions
-184008	-196008	-208008	Ending Fund Balance/Net Assets
12000	12000	-289700	Other Adj OPEB Cost / Amortization
		-2543	Other Adjustments - Depreciation
-231000	-228000	-180868	Total Expenditures/Expenses/Transfers
231000	228000	217881	Total Means of Financing
-196008	-208008	47222	Beginning Fund Balance/Net Assets
Budgeted	Budgeted*	Actual	
Current Year Projected Year	Current Year	Prior Year	
7/1/09-6/30/10	7/1/07-6/30/08 7/1/08-6/30/09 7/1/09-6/30/10	7/1/07-6/30/08	

NOTES/EXPLANATIONS:

OPEB Cost was added as a prior period adjustment in 2008 and is being amortizer

* Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating. amortized.

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ANTICIPATED DEVELOPMENTS:

The Board anticipates an increased number of licensed psychologists for the projected fiscal year.

MAJOR OBJECTIVES/ASSUMPTIONS:

The Board plans to continue reviewing and examining applicants to ascertain that only qualified candidates are granted a license to practice psychology within the state. Complaints will be investigated and handled appropriately.

# of times given per year	Exam Process (Incl. Board Members)	# Employees directly involved in	Examinations Taken - Oral	Examining	Total Employees	license issue	Employees directly involved in	issued and renewed	Licenses, Certificates, etc.	Licensing	PERFORMANCE INDICATORS A	
2	7		28		2	2		570			Actual	0.000
2	7		17		2	2		605			Actual	
2	7		34		2	2		603			Actual	
2	7		35		2	2		634			Planned	0.00
2	7		35		2	2		634			Estimated	0,000
2	7		35		2	2		644			Planned	

nsee.	tes against a licensee.	ms or bring chard	administer exa	the agency who	* Third party refers to individuals outside the agency who administer exams or bring charges against
0	3710	3710	3385		Other
					Sale of Goods and Services
			1022		The Control of the Co
					of third parties by the board.)
					(* include amounts collected on behalf
					Enforcement Actions (Fines)
					parties by the board.)
					(*Include amounts paid to third
0	20250	20250	20000	34	Examination Fees
3000	205940	202940	191490	603	License Fees
					LA. Revised Statutes 37:2351-2369
Current Yr.	Budgeted	Budgeted**	Collections	Transactions	
Over/Under	Projected Year	Current Year	Actual	Number of	Detail of Self-Generated Revenue
Proj. Year	7/1/09-6/30/10	7/1/08-6/30/09	Prior Year		

^{*} Third party refers to individuals outside the agency who administer exams or bring charges against a increase ** Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

25//	122693	120116	92353	Total Salaries
462	449/8	44516	31774	Sub-Total Related Benefits
				Other Related Benefits (Specify)
				Group Insurance Contributions (Specify)
c	28/22	28722	21497	Group Insurance ContrState Employ.
				Unemployment Benefits
01	1443	1412	2036	F.I.C.A. Tax & Medicare Tax
2				Retirement Contributions-Other (Specify)
431	14813	14382	8241	Retirement Contr.State Employees
21.12	61///	75600	60579	Sub-Total Salaries & Other Comp.
			3450	Compensation of Board Members
			15472	Other Compensation
				Wages
				Salaries-Overtime
2112	72615	70500	41657	Salaries-Regular
Current Year	Budge	Budgeted*	Actual	Description
Over or Under	ğ	Current Year	Prior Year	
Projected Year		7/1/08-6/30/09	7/1/07-6/30/08	

Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

Projected Year

					Percent	D _D	Related Renefits	ń	
	0				Increase	Retirement		•	
Name of	9	Class or Title	Current Year		5	State	FICA	Group ***	
Incumbent	c	of Position	Salary*	Salary*	Salary**	Employees	Tax	Insurance Medicare	Medicare
Jaime Monic	C	Executive Director	45000	46350	3%	9455	0	0	672
				-					
Anna English	C	Clerical Assistant	25500	26265	3%	5358	0	5468	381

to the current year salary.
*** Indicate those employees participating in State Group Benefits, HMOs, etc. Reflects amount budgeted for individual's salary during year
The column reflects the percentage increase in pay period salary after all salary adjustments in the requested year are made, compared

1050	14	1050	14	750	NONE	75		Jillandra C. Rovaris, Ph.D.
000	14	000	14	7725	NCNE	/5		Repecca F. Nolan, Ph.D.
1050	14	900	12	0	NONE	75		Joseph E. Comaty, Ph.D.
0	0	0	0	225	NONE	75		Kenneth R. Bouillion, Ph.D.
975	13	1050	14	825	NONE	75		John F. Bolter, Ph.D.
975	13	1050	14	525	NONE	75	LRS 37:2353	Glenn A. Ally, Ph.D.
Amount	Attended	Amount	Attended	Amount	(Except Travel)	Meeting	Payment	Name of Member
ed Year	Projected Year	t Year	Current Year	Prior Year	Paid	Rate Per	For	
3/30/10	7/1/09-6/30/10	0/2009	7/1/08-6/30/2009	7/1/07-6/30/08	Other Expenses 7/1/07-6/30/08	Per Diem	Authority	
						Authorized	Statutory	

Total Board Members: 5

	TOTAL COMPENSATION	
	3450	
	68	
	5100	
ס	68	
Page 10	5100	

NOTE: Attach explanation for any line item change of more than 10%	TOTAL MILEAGE REIMBURSEMENT	TOTAL TRAVEL	SUB-TOTAL OUT-OF-STATE	BOARD MEMBERS	FIELD TRAVEL	CONFERENCE & CONVENTIONS	ADMINISTRATIVE	OUT-OF-STATE:	SUB-TOTAL IN-STATE	BOARD MEMBERS	FIELDS TRAVEL	CONFERENCE & CONVENTIONS	ADMINISTRATIVE	IN-STATE:	Description		
m change of mo	3889	3967	3967	3967											Actual	Prior Year	7/1/07-6/30/08
ore than 10%.	10000	6000	6000	6000											Budgeted*	Current Year	7/1/08-6/30/09
	10000	6000	6000	6000											Budgeted	Projected Year	7/1/09-6/30/10
	0	0	0	0											Current Year	Projected Year Over or Under	7/1/07-6/30/08 7/1/08-6/30/09 7/1/09-6/30/10 Projected Year

Current Year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

		ore than 10%.	em change of mo	NOTE: Attach explanation for any line item change of more than 10%.
0	3000	3000	3002	TOTAL SUPPLIES
				OTHER
				AUTOMOTIVE
				REPAIR & MAINTENANCE SUPPLIES:
				OTHER OPERATING SUPPLIES
				AUTOMOTIVE
				FOOD
				MEDICAL
				OPERATING SUPPLIES:
0	3000	3000	3002	OFFICE SUPPLIES
423	43307	42884	43736	TOTAL OPERATING SERVICES
423	7510	7087	6659	OTHER - Misc., Internet, Proc. fees
0	4000	4000	3087	UTILITIES
0	2000	2000	1427	TELEPHONE
0	4000	4000	4245	POSTAGE
0	3000	3000	65	DUES & SUBSCRIPTIONS
0	20556	20556	20559	RENTALS
0	1000	1000	391	OTHER MAINTENANCE
				AUTOMOTIVE REPAIRS
0	441	441	441	INSURANCE
0	800	800	6862	PRINTING
				ADVERTISING
Current Year	Budgeted	Budgeted*	Actual	Description
Over or Under	Projected Year	Current Year	Prior Year	
Projected Year	7/1/09-6/30/10 Projected Year	7/1/08-6/30/09	7/1/07-6/30/08	

NO IE: Attach explanation for any line item change of more than 10%.

* Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

List all contracts for \$2,500 or greater. Inc	TOTAL	
dicate only number	33921	
& amount of	45000	
Indicate only number & amount of Contracts less than \$2,500.	45000	
	0	

Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

0	0	0	0	NONE
		,		
Current Year	Budgeted	Budgeted*	Actual	
Over or Under	Prior Year Current Year Projected Year Over or Under	Current Year	7/1/07-6/30/08 Prior Year	
Droingted Vear	011000 001117	24.00 00000		

^{*} Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.

			ore than 10%	om change of m	NOTE: Attack explanation for any line item change of more than 10%
O	0	0	0	0	TOTAL MAJOR REPAIRS
					Communications
					Boats & Aircraft
					Educational, Recreational, & Cultural
					Office
					Medical
					Household
					Farm & Heavy Movable
					Bldgs., Grounds, & Gen. Plant
					Automotive
					Machinery & Equipment:
					Buildings
					Land
					MAJOR REPAIRS:
17804	0	1000	1000	0	TOTAL ACQUISITIONS
					Other
					Communications
					Educational
1/804	0	1000	1000	0	Office
					Automotive
					Bldgs. Grounds, & Gen. Plant
					Land and Buildings
					ACQUISITIONS:
Inventory	Current Year	Budgeted	Budgeted*	Actual	Description
Current	Over or Under	Projected Year	Current Year	Prior Year	
Value	Drojected Year	7/1/09_6/30/10 Projected Year	90/05/3-80/1/2 80/05/3 70/1/2	80/02/9 20/1/2	

NOTE: Attach explanation for any line item change of more than 10%.

The projection includes the cost of a new filing cabinet.

* Current year should reflect most recent estimate of annual revenues/expenditures.

Т	Т	Т	Т	T	T	T	Т	T	Т	Т	1			\neg
						NONE						DESCRIPTION IN KIND ASSISTANCE ASSISTANCE		
						0						ASSISTANCE	N KIND	VALUE OF
						0						Actual	Prior Year	7/1/07-6/30/08
						0						Budgeted	Current Year	7/1/08-6/30/09
						0						Budgeted	Current Year Projected Year	VALUE OF 7/1/07-6/30/08 7/1/08-6/30/09 7/1/09-6/30/10

^{*} Indicate a schedule of the rates used to determine the value of In Kind Assistance. Show how these amounts are computed.
** Current year should reflect most recent estimate of annual revenues/expenditures for the fiscal year in which you are presently operating.